STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

75-12292

1. DECEASED-NAME (Type or print): First AUDREY Middle V. Last DODSON

2a. DATE OF DEATH: MAY Month 20th Day 1975 Year

2b. HOUR: M

3. SEX: FEMALE

4. RACE: BLACK

5. DATE OF BIRTH: FEB 26, 1919

6. AGE (In years last birthday): 56 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.

7a. BIRTHPLACE (State or foreign country): MARYLAND

7b. CITIZEN OF WHAT COUNTRY?: UNITED STATES

8. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: CAROLINE Md.

10. CITY OR TOWN OF DEATH: PRESTON

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): ROUTE#2, Box 296

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): FACTORY WORKER

12b. KIND OF BUSINESS OR INDUSTRY: POULTRY

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND

13b. COUNTY: CAROLINE

13c. CITY OR TOWN: PRESTON

13d. INSIDE CITY LIMITS? YES ☐ NO ☑

13e. STREET AND NUMBER: ROUTE# 2, BOX 296

14. FATHER'S NAME First RALEIGH Middle (None) Last DODSON

15. MOTHER'S MAIDEN NAME First MARY Middle JOHNS Last

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO

16b. SOCIAL SECURITY NO.: 219-05-8857

17. INFORMANT: PEARLY ROGERS, (Friend) Address: Address same as above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic carcinoma, lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 month
DUE TO, OR AS A CONSEQUENCE OF —
(b)
DUE TO, OR AS A CONSEQUENCE OF —
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

1621

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
—

19a. DATE OF OPERATION: —

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 3/15/66, 19____, to 4/30/75, 19____, that (I) (we) last saw the deceased alive on 4/30/75 19____, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ ~~(did)~~ (did not) view the body after death.

22b. SIGNATURE: [signature] DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 5/21/75

22d. PHYSICIAN'S NAME (Type): PHILLIP P.FELIPE, M.D.

22e. ADDRESS: 105 GAY STREET, DENTON, MD(21629)

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: MAY 24,1975

23c. NAME OF CEMETERY OR CREMATORY: JOHNS FAMILY CEMETERY

23d. LOCATION (City or Town) (County) (State): PRESTON CAROLINE MARYLAND

24. FUNERAL DIRECTOR: CHARLES W. HILL, DENTON, MARYLAND(21629) ADDRESS

25a. REC'D BY REGISTRAR DATE: MAY 29 1975

25b. REGISTRAR'S SIGNATURE: [signature]

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71-30M
(VR A15 (4))

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

75-12293
REG. NO.

1. DECEASED NAME (TYPE OR PRINT) FIRST MIDDLE LAST: Sadie E. Hopkins

2a. DATE OF DEATH MONTH DAY YEAR: May 13, 1975

2b. HOUR: 4:26 P.M.

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH MONTH DAY YEAR: Sept. 18, 1886

6. AGE (IN YEARS LAST BIRTHDAY): 88 YRS. IF UNDER 1 YEAR: MONTHS DAYS; IF UNDER 24 HRS: HOURS MIN.

7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Concord, Md.

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. BALTIMORE CITY OR COUNTY OF DEATH: Caroline MD.

10. CITY OR TOWN OF DEATH: Preston

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Sunset Boulevard

12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Housewife

12b. KIND OF BUSINESS OR INDUSTRY: Own home

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13a. STATE: Maryland

13b. COUNTY: Caroline

13c. CITY OR TOWN: Preston

13d. INSIDE CITY LIMITS? YES ☐ NO ☒

13e. STREET ADDRESS: Sunset Blvd.

14. FATHER'S NAME FIRST MIDDLE LAST: William Williamson

15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST: Georgia Trice

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): No (IF YES, GIVE WAR OR DATES)

16b. SOCIAL SECURITY NO.: 220-03-6697A

17. INFORMANT ADDRESS: Mrs. Hilda Perry, Sunset Blvd., Preston, Md. 21655

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Chronic Congestive Cardiac Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: yrs

404X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic Cardio renal Disease — yrs

DUE TO, OR AS A CONSEQUENCE OF (c) Generalized ateriosclerotic Disease — yrs

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Chronic BrainSyndrome

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) (this hospital) attended the deceased from 7/19, 1939 to 5/13, 1975, that (I) (~~we~~) last saw the deceased alive on 5/12/75, 19__, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~we~~) (~~XXXX~~ did not) view the body after death.

22b. SIGNATURE: Harold M. Plummer

DEGREE: ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐

22c. DATE SIGNED: 5/15/75

22d. PHYSICIAN'S NAME (TYPE OR PRINT): Harold M. Plummer, M.D.

22e. ADDRESS: Maple Ave., Preston, Maryland 21655

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

23b. DATE: May 17, 1975

23c. NAME OF CEMETERY OR CREMATORY: Junior Order Cemetery

23d. LOCATION CITY OR TOWN COUNTY STATE: Preston, Caroline, Maryland

24. FUNERAL DIRECTOR NAME ADDRESS: Framptom-Hawkins Funeral Home Federalsburg, 216 N. Main St. Md

25a. DATE REC'D. BY REGISTRAR: MAY 19 1975

25b. REGISTRAR'S SIGNATURE: Sidney Mitchell

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death and may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BP

DHMH - 16 60M 7/73
(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

75-12294

1

1. DECEASED-NAME (Type or print) First: Daisy	Middle	Last: Hutchins	2a. DATE OF DEATH: May (Month) 30 (Day) 1975 (Year)
2b. HOUR: 6:50 P.M.	3. SEX: Female	4. RACE: Black	5. DATE OF BIRTH: June 28, 1888
6. AGE (In years last birthday): 86 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Caroline Md.
10. CITY OR TOWN OF DEATH: Greensboro, Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Collins Nursing Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Caroline	13c. CITY OR TOWN: Goldsboro	13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER			
14. FATHER'S NAME First: James	Middle	Last: Morris	15. MOTHER'S MAIDEN NAME First	Middle	Last: Woolford
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 219-34-3867-B	17. INFORMANT: Patient's Chart	Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) PROGRESSIVE PHYSICAL DETERIORATION

DUE TO, OR AS A CONSEQUENCE OF

(b) CEREBRAL ARTERIOSCLEROSIS

DUE TO, OR AS A CONSEQUENCE OF

(c) ADV. GENERALIZED ARTERIOSCLEROSIS

4379 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from DEC 30, 1971, to MAY 30, 1975, that (I) (we) last saw the deceased alive on MAY 30 1975 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Charles H. Stonesifer DEGREE	ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 5/30/75	
22d. PHYSICIAN'S NAME (Type): Dr. Charles H. Stonesifer	22e. ADDRESS: Greensboro, Md.		
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 6/4/1975	23c. NAME OF CEMETERY OR CREMATORY: UNION CEM.	23d. LOCATION (City or Town): GOLDSBORO (County) (State): Md
24. FUNERAL DIRECTOR: Kenneth Wolf	ADDRESS: CHESTERTOWN, MD	25a. REC'D BY REGISTRAR DATE: JUN 10 1975	25b. REGISTRAR'S SIGNATURE: Lizbeth Sinton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163/72/25M
(VR A15 (4))

1

FOR STATE HEALTH DEPT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

75-12295

1. DECEASED-NAME (Type or Print) First: SAMUEL Middle: John Last: LOVETT, JR.

2a. DATE OF DEATH KNOWN ☐ ESTIMATED ☐ Month 5 Day 22 Year 1975

2b. HOUR 3:30 A.M.

2c. DATE PRONOUNCED DEAD Month 5/22 Day Year 75

2d. HOUR 3:30 A.M.

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: 6/12/1949

6. AGE (In years last birthday): 25 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Caroline County Md.

10. CITY OR TOWN OF DEATH: Denton

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Easton Memorial Hospital

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Lineman

12b. KIND OF BUSINESS OR INDUSTRY: C.W. Wright Co.

13a. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE: West Virginia

13b. COUNTY:

13c. CITY OR TOWN: Keyser

13d. INSIDE CITY LIMITS? YES ☐ NO ☐

13e. STREET AND NUMBER: 28 W. Piedmont St.

14. FATHER'S NAME First: Samuel Middle: J. Last: Lovett Sr.

15. MOTHER'S MAIDEN NAME First: Marian Middle: L. Last: Warfield

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 217-52-4755

17. INFORMANT: Mrs. Susan A. Lovett

ADDRESS: 28 W. Piedmont St. W.Va. 26726

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Multiple Fractures, left femur, fibula

DUE TO, OR AS A CONSEQUENCE OF

(b) tibia compound, Left Humer, Ulna and Radius

DUE TO, OR AS A CONSEQUENCE OF

(c) compound Face and jaw & possibly Cervical vertebra

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

8120

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: seconds

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Blood analaysis not back

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 2:40 5/22/75

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Crossed center line and crashed head on into a camper & trailor

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 404 5 miles west of

21f. LOCATION Street or R.F.D. No. City or Town County State: Denotn Caroline Maryland

22a. I certify that I taak chorge of the remains described abave, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my apinian death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Harold B. Plummer M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county): Preston Caroline

22b. DATE SIGNED: 5/28/75

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/27/1975

23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland

24. FUNERAL DIRECTOR: G. Truman Schwab

ADDRESS: 3512 Frederick Ave. 21229

25a. DATE BY REGISTRAR: JUN 02 1975

25b. REGISTRAR'S SIGNATURE: [signature]

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 24 on Form PM3.

DHMH-17 (Rev. 7/71) 10M
(VR A15ME-3)

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 must be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO. 75-12296

1. DECEASED NAME (TYPE OR PRINT) — FIRST: ANNA MIDDLE: MAE LAST: WISE

2a. DATE OF DEATH — MONTH: MAY DAY: 3 YEAR: 1975

2b. HOUR: M

3. SEX: F

4. RACE: W

5. DATE OF BIRTH — MONTH: JULY DAY: 20 YEAR: 1886

6. AGE (IN YEARS LAST BIRTHDAY): 88 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN

7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): MD

7b. CITIZEN OF WHAT COUNTRY?: USA

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. BALTIMORE CITY OR COUNTY OF DEATH: CAROLINE MD.

10. CITY OR TOWN OF DEATH: DENTON

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): HOME

12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): AT HOME

12b. KIND OF BUSINESS OR INDUSTRY:

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13a. STATE: MD 13b. COUNTY: CAROLINE 13c. CITY OR TOWN: DENTON 13d. INSIDE CITY LIMITS? YES ☒ NO ☐ 13e. STREET ADDRESS: FRANKLIN ST.

14. FATHER'S NAME — FIRST: JAMES MIDDLE: R. LAST: BLUNT

15. MOTHER'S MAIDEN NAME — FIRST: MARY MIDDLE: ALICE LAST: MELVIN

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): NO (IF YES, GIVE WAR OR DATES)

16b. SOCIAL SECURITY NO.:

17. INFORMANT: MRS. EDW. HENRY ADDRESS: DENTON MD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: acute

DUE TO, OR AS A CONSEQUENCE OF (b): ASCVD — chronic

DUE TO, OR AS A CONSEQUENCE OF (c):

4109

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Diabetes Mellitus

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY — HOUR A.M. P.M. MONTH DAY YEAR 19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21d. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION — STREET / CITY OR TOWN / COUNTY / STATE

22a. I certify that (I) (this hospital) attended the deceased from 1973, 19___, to 4/27, 1975, that (I) (we) last saw the deceased alive on 4/27, 1975, and that (in my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: C E Jensen — DEGREE: MD — ATTENDING PHYSICIAN ☑ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐

22c. DATE SIGNED: 5-06-75

22d. PHYSICIAN'S NAME (TYPE OR PRINT): C.E. JENSEN

22e. ADDRESS: Denton Md

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

23b. DATE: MAY 7, 1975

23c. NAME OF CEMETERY OR CREMATORY: CHESTERFIELD

23d. LOCATION — CITY OR TOWN: CENTREVILLE COUNTY: Q.A. STATE: MD

24. FUNERAL DIRECTOR — NAME: CHARLES F. MOORE ADDRESS: DENTON MD

25a. DATE REC'D. BY REGISTRAR: MAY 12 1975

25b. REGISTRAR'S SIGNATURE: Sidney L. Sexton

DHMH-16 60M 1-73 (VR A 15 (4))